

SB01057

An Act Concerning Opioid Use Disorder.

My name is Mary Glynn; I am from Plainville and am an MRI technician and the mother of a third-year nursing student. I prepared this statement with my sister, Dr. Shirley Glynn, who is a clinical research psychologist at UCLA and specializes in serious psychiatric illness. Both Shirley and I grew up in Bristol, and serious mental illness and addiction in our loved ones has significantly impacted on our lives. I wanted to speak a bit about the challenges we encountered in piecing together strong substance abuse and mental health treatment in CT for our beloved sister, Theresa, and the need for more coordinated, humane, evidence-based care.

Both my grandmother and her sister, my great aunt Annie, who helped raise me and my four siblings, spent a great deal of time in state psychiatric hospitals in CT—my grandmother at Connecticut Valley in Middletown and my great aunt in Fairfield Hills in Newtown. Thus, from an early age, our family had a sensitivity and awareness of psychiatric illness. Unfortunately, my mother also struggled with mental illness much of her life. We estimate she was hospitalized for schizoaffective disorder at least 20 times in Connecticut Hospitals. She was a devoted mother to me, my sister, Shirley, and our three siblings, Peter, Philip, and Theresa, but her illness was hard on us and our father, Philip. In spite of their many challenges, our parents had dreams and aspirations for all five of us kids. As we grew up, observers thought we children were incredibly resilient. We each made it into college, four of us graduated, several of us married, some had children, we all had careers. None of us ended up in the psychiatric hospital. From the outside, we seemed to be doing fine.

However, I now see the insidious and corrosive aspects of growing up under the specter of serious psychiatric illness without enough support were apparent even then. While my sister Shirley and I survived, as adults we lost one beloved brother, Peter, to a fatal motor vehicle accident with alcohol involvement, we lost another beloved brother, Philip, to suicide, and we lost our lovely sister Theresa to a heroin overdose. I want to speak a bit about Theresa.

Theresa was a devoted mother and a talented high school science teacher. Always a pioneer, she was also at the vanguard of the reemergence of opioid abuse and heroin in CT 8 or 10 years ago. She experienced terrible anxiety and self-medicated with substances throughout most of her adolescent and adult life, and was remarkable in that she dropped out of high school but was able to return to school and graduate from college years later. Theresa struggled with her mental health and accessing good treatment was very hard. She had private health insurance, which one might think would be optimal, but often seems to be more a curse than a blessing when dealing with psychiatric illness and substance use. She would see a psychiatrist for suboxone and anxiety medication, there seemed to be little interest in providing concurrent evidence-based psychosocial treatment, staff turnover was frequent at the clinics she attended so she rarely got to bond with anyone, and it was very easy for her to fall through the cracks. She would have good periods and then relapse. Transportation to treatment was often a problem—that is covered under Medicaid, but not by private insurance.

The last 18 months of Theresa's life were hellish. She developed an unexplained seizure disorder, which potentiated her panic attacks and left her unable to work. We tried to get her help—brought her to emergency rooms, hospitals, paid for her transportation to day programs, but the clinicians treating her did not seem to have a full grasp of her situation and how desperate she was; in fairness, neither did we. As with most addicts, her motivation to get

clean was shaky at best, and she needed more focused outreach and care that integrated her psychiatric and substance use problems in one place. Unbeknownst to us, she relapsed into heroin and died of an overdose in August of 2013 at the age of 44. She left a bereft husband and two adolescent sons. Having buried her third child, our mother died of what I consider a broken heart 10 days later. Theresa would have been 50 this past Saturday; we miss her every day.

I am not a professional mental health expert but I have learned many lessons about substance use disorders and psychiatric illness. Some of the most essential—1) Families bear the brunt of these illnesses and are the keys to supporting recovery. Relatives often need professional help and support too, especially if there are children involved. 2) It is very hard to get good evidence-based mental health treatment, regardless of where you go. Staff are often underpaid, turnover is high, and there are few incentives for coordination of care. 3) Every time there is a hand-off from one mental health professional to another—psychiatrist to social worker, psychologist to nurse, clinic to clinic—there is an opportunity for patients to fall through the cracks. 4) Obtaining good care for serious mental illness or a significant substance abuse problem is often harder when using private insurance than when using Medicaid. There are services that are usually only available in the public sector, like supported employment, good case management, and transportation to sessions, that can make or break a recovery. This perverse situation means that many middle-class families, like ours, often have tremendous difficulty accessing optimal care, and many of us lose our loved ones. I understand that SB 01057 applies primarily to educational institutions, Medicaid regulations, and the public availability of opioid antagonists, but whatever you can do to help address access and coordination of care for individuals piecing together treatment with private insurance in CT would be welcome as well.